

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 53		Primary Registration District No. 3010		Registrar's No. 279		STATE FILE NUMBER 63-019314	
FILED JUN 10 1963							
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 22 days		c. CITY OR TOWN Cairo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 418 32nd Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Earl Dunlap Sr.				4. DATE OF DEATH Month May Day 29 Year 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 05	9. AGE (last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Owner-Transfer Company		11. BIRTHPLACE (City and state or country) Paducah, Ky.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Owner-Transfer Company		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and state or country) Paducah, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. S. Dunlap		13b. MOTHER'S MAIDEN NAME Carrie Lee Cullen		14. NAME OF HUSBAND OR WIFE Helen Dunlap Texas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT John Earl Dunlap Jr.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion + myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1961 to 5-29-63 and last saw him alive on 5-29-63 Death occurred at 6:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harold Ridings MD				22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 1 June 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 1, 1963		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Memorial Gardens		23d. LOCATION (City, town, or county) Villa Ridge - Pulaski, Ill.	
24. FUNERAL DIRECTOR Joe F. Berbling, Funeral Dir. Cairo, Ill.		ADDRESS 325 8th St.		25. DATE RECD. BY LOCAL REG. 6-3-1963		26. REGISTRAR'S SIGNATURE John Kasten	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1 **0168**
2 **8120**
3
4 **0**
5 **1**
6
7 **1**
8 **0**
9 **4201**
10
11
12 **2-0**
13 **1-0**

DATE AMENDED

JUN 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.